

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-020778**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

**FILED JUN 4 1963**

**3043**

**177**

VS 300  
Rev. 4/59

**10648**

**28820**

3

4 0

5 1

6

7 0

8 0

**92042**

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal Missouri</b>		Length of stay in 1b <b>2 Wks</b>	c. CITY OR TOWN <b>Barry</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Emmett Bradshaw</b>		4. DATE OF DEATH Month Day Year <b>5/19/63</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/28/1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dewitt</b>	9. AGE (last birthday) <b>80</b>
11a. FATHER'S NAME <b>William Bradshaw</b>		11b. MOTHER'S MAIDEN NAME <b>Mary Beckett</b>	11c. NAME OF HUSBAND OR WIFE <b>Cora Bradshaw</b>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO.	12c. INFORMANT <b>Cora Bradshaw III</b>
13. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Myocardial failure</b> DUE TO (b) <b>Myocardial failure</b> DUE TO (c) <b>Chronic anemia final</b>		INTERVAL BETWEEN ONSET AND DEATH <b>acute</b> <b>3 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan 1/62</b> to <b>5/19/63</b> and last saw her alive on <b>5/19/63</b> Death occurred at <b>4:30</b> A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>T. W. Russell MD</b>	
22b. ADDRESS <b>Barry, Ill.</b>		22c. DATE SIGNED <b>5/21/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/21/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kinderhook Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kinderhook Ill</b>
24. FUNERAL DIRECTOR <b>Barry, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>May 21, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Luche by Lillian M. Harman</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

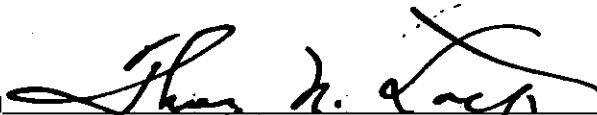
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ Thomas N. Lock, ~~Signed Embalmer~~

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 2201

P. O. Address Barry Ill

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit renewed 5/21/63*